**Application or Docket Number** 

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

CLAIMS AS FILED - PART I									SMALL ENTITY			OTHER THAN		
						mn 2)	1	TYPE		OR	SMALL			
FOR			NUMBER FILED			NUMBER EXTRA			RATE	FEE	1	RATE	FEE	
BASIC FEE										345.00	OR		690.00	
TOTAL CLAIMS			37	minus:	20=	* /	7		X\$ 9=		OR	X\$18=	306	
┡	EPENDENT CI		y/	minus	3 =	<u>*</u> /	i		X39=		OR	X78=	78	
MULTIPLE DEPENDENT CLAIM/PRESENT									+130=		OR	+260=		
*, If the difference in column 1 is less than zero, enter "0" in column 2								L	TOTAL		OR	TOTAL	1074	
CLAIMS AS AMENDED - PART II												OTHER	THAN	
	(Column 1) (Column 2) (Column 3)								SMALL	ENTITY	OR	OR SMALL ENTITY		
IENT A		REM A	AIMS IAINING FTER NDMENT		. PF	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT A	Total	•	<del> </del>	Minus	**	•	=		X\$ 9=		OR	X\$18=		
	Independent FIRST PRESE	* NTATI	ON OF MI	Minus	PENIC	ENT CLAIM	= .		X39=		OR	X78=		
	THIOTTTIEGE		314,01 101	-		LIVI OLATIVI	·	1	+130=		OR	+260=		
	أأستها يتهالها والرار								TOTAL		OR	TOTAL	,	
		(Cal	4\		<b>(</b> C	aluman (1)	(Calumn 0)		ADDIT. FEE	<u> </u>	]~	ADDIT. FEE	•	
			umn 1) -AIMS	F15 (40)		olumn 2) HIGHEST	(Column 3)	l r	<del></del>	ADDI-	<b>1</b> i		4001	
AMENDMENT B		A	IAINING FTER NDMENT		PR	NUMBER EVIOUSLY PAID FOR	PRESENT EXTRA		RATE	TIONAL		RATE	ADDI- TIONAL FEE	
	Total	*		Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	ON OF MI	Minus	***	Thit CLAIM	=		X39=		OR	X78=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+130=		OR	+260=			
•								A	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE		
			umn 1)			olumn 2)	(Column 3)							
ENT C		REM AF	AIMS AINING TER IDMENT		PR	HIGHEST HUMBER EVIOUSLY AID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total	*		Minus	**		=		X\$ 9=	,	OR	X\$18=		
	Independent	*		Minus	***		=	<b> </b>	X39=			X78=		
	FIRST PRESE	NTATIC	N OF ML	ILTIPLE DEF	PEND	ENT CLAIM		-	7.00-		OR	7/0-		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									+130=		OR	+260=		
••••	the "Highest Nur the "Highest Nur he "Highest Num	nber Pre nber Pre	viously Pa viously Pa	id For" IN THIS iid For" IN THIS	S SPA	CE is less thar CE is less thar	n 20, enter "20." n 3, enter "3."	^1	TOTAL DDIT. FEE			TOTAL ADDIT. FEE		

## This Form is for INTERNAL PTO USE ONLY It does NOT get mailed to the applicant.

## NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER: 9/478682
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FORM OIPE-RAM-01 (Rev. 12/97)

·		Total Fee	Calculatio	a		,
	Fee Cade	Taul # Claims	Number Extra X	Fcc	Fee	- Total
_	Sm./Lg -	•		Sm. Entity	Lg. Entity	-
Carlo Filing Fee	201/101				690	- 690
Total Claims >20	203/103	37 .20 -	_/ <u>/</u> _ x		306	•
Independent Claums (3)	201.102	<u> </u> .) -	,		<u> 78</u>	• <u>IP</u>
Multi Dep Claim Present	204/164	•	·			•
Surcharge	203/103				130	. 130
English Translation	119					
TOTAL FEE CALCULA	·····					1204
Fees due upon filing t	ne application					
Total Filing Fees Due	= S	1204	ON			
Less Filing Fees Subm	ined - \$					
BALANCE DUE	= 5	120	4.00			
Office of Initial Patent	Auto Ekaminacion				.a	
500		Liga	ire 7			